The plan he adopts is to give three grains of the iodide in an ordinary saline draught every three or four hours. In from twenty-four to thirty-six hours the fever and engorgement have ceased, and in from two to three days all tumefaction has subsided, even where abscess seemed unavoidable.

18. *Treatment of Malarious Fevers by Subcutaneous Injection of Solution of Quinia.*—Mr. MOORE, of the Bombay Service, states (*The Indian Annals of Medical Science*, April, 1864) that he has been latterly using quinia hypodermetically for the cure of malarious fevers with success.

"I use," he says, "the strongest solution of quinine which can be prepared, viz., thirty grains of quinine, ten or twelve drops of sulphuric acid, and half an ounce of water. Of this, previously strained, I inject from half a drachm to a drachm, the former quantity containing somewhat less than four grains of the active agent. With the exception of a little sulphate of soda, if the bowels are confined, I have used no other remedies, in complicated cases of any type of malarious fever. When the spleen is enlarged, or a leucocythemic condition manifest, I prescribe, as an additional curative agent, one or other of the preparations of iron.

I generally inject beneath the skin of the outer belly of the triceps, and sometimes over the deltoid. The operation, however, is equally effective on the thigh or calf, and in cases of large spleen the action of the remedy appears intensified, by injecting over that organ. I use a small glass syringe furnished with a silver point, and introduce the latter beneath the integument for half an inch or less. The pain is not more than the prick of a needle, and indeed is often less objected to than the bitter taste of quinine. I have never observed the slightest irritation follow the operation excepting when performed with a small trocar and common glass syringe; and when quinine has been used in *suspension*, and not in *solution*. I therefore insist on the use of a proper instrument, and on perfect solution of the alkaloid. If the quinine is not invisible, the preparation is unfit for use; the syringe becomes clogged, and the areolar tissue does not appear able to absorb the solid material which, hence, creates irritation.

The best time to inject is shortly before the expected cold fit, but it may be done during the first stage with the effect of lessening and occasionally stopping the paroxysm. When an accession is expected during the day, injection in the morning will, almost invariably, prevent the attack.

In cases of remittent I have endeavoured to inject during the remission, but do not wait for this period. In severe cases, the injection should be repeated at intervals of four, six, or eight hours.

I believe four or five grains of quinine, injected beneath the integument, are equal in their effects to five or six times that amount taken into the stomach; also that the results are more certain, and that relapsing attacks will be found to be less common; while the œconomy of the treatment is self-evident.

I have now injected a considerable number of cases in the European General Hospital, Bombay, and elsewhere, and find the number of those who lose their fever after the first injection is upwards of 60 per cent. of all classes of intermittents. Some cases, however, require two, three, or four injections, and remittent attacks a larger number."

19. *Treatment of Albuminuria in Children.*—Dr. W. H. DICKINSON, in an interesting paper (*Edinburgh Medical Journal*, September, 1864), remarks that the only state of disease to which the substance of the kidney is liable during childhood, is that which gives increase of bulk with a smooth mottled exterior, the fundamental change in such cases being an inflammatory state of the tubules, in consequence of which they become choked up by an excess of their own epithelial growth. When these channels are enabled to discharge their contents, the disease will soon be at an end.

The mechanical obstruction of the tubes is the only event to be feared. If the complaint proves fatal, it is in consequence of this occurrence. It is this which interferes with the formation of urine, occasions the accumulation of its components in the blood, and is the source of all the evils to which the victims of the disease are liable. It must be the aim of treatment to keep the tubes clear; this done, the disorder will right itself. The increased vascularity will subside when free secretion is possible; and, if nothing is done to keep up the irritation of the gland, the catarrh will soon be at an end.

The indication, Dr. D. maintains, is to increase the quantity of fluid which washes the tubes, without doing anything which can produce local irritation.

Since 1860 Dr. D. has adopted a plan of treatment founded on these principles, and with very favourable results.

"Every case of albuminuria in children," he says, "which I have had to treat since October, 1860, has been subjected to the same regimen, though in some cases the dropsy was so great as to seem to prohibit fluids. Notes have been kept of twenty-six cases, most of which were severe. Many others, of less import, have come and gone among out-patients, and left no record. All have been restricted to a fluid diet, which has been of a nutritious character. Besides this, a certain quantity of spring water, varying from two to four pints, has been administered in the twenty-four hours. In three of the cases no other remedy was used. In the remainder the action of the water has been seconded by small doses of infusion of digitalis, or more rarely of acetate of potassa. Lastly, when the active symptoms have disappeared, iron has been given, either as sesquichloride or acetate.

"The results may be stated generally. Of the twenty-six cases thus treated, twenty-two were known to have recovered and to have got rid of every trace of albumen. Three improved greatly, and had little evidence of disease excepting slightly albuminous urine, when they ceased to attend the hospital and were lost sight of. The remaining case ceased to be my patient, and, as I learned, eventually died. Thus, out of twenty-six cases twenty-five are believed to have recovered, which result is known to have been completed in twenty-two. Many of the cases were of the greatest severity, such that before the adoption of this system of treatment no expectation would have been held of their recovery."

"It was found," Dr. D. states, "that the use of the water when given under the circumstances stated, never increased the dropsy, but the contrary. It was usual, however, when the œdema was excessive, to let the digitalis set up a certain amount of diuresis before the full quantity of water was ordered. Many children take it eagerly, particularly in the early stages of the disease. The urine was often observed to undergo a notable increase in the quantity of renal epithelium which it deposited, and the albumen usually quickly lessened in greater proportion than could be explained by the increase in the quantity of the urine.

"It was supposed, in one or two cases, not under my own care, that the treatment had a tendency to encourage hæmaturia; and although I have not observed this myself, yet it must be admitted that such an occurrence is not unlikely. If the kidney be congested, the escape of blood is a natural means of relief. This cannot take place if the tubules are obstructed through which the blood must come. When, therefore, the plugs are washed out it is conceivable that an evacuation should take place which before was hindered."

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20. *Some Points in the Treatment of Diabetes.*—Dr. F. E. ANSTIE called the attention of the members of the British Medical Association, at their meeting in August last, to one or two practical matters in connection with diabetes.

"The fact," he remarked, "has long been recognized, that great good may be effected by the regular use of a diet in which the nitrogenous matters shall be represented, for the most part, by meat, and the hydrogen and carbon by some form of oily food. It is necessary to avoid the administration of the hydrates of carbon which enter into the composition of any ordinary diet; since, in the peculiar state of the system which distinguishes this disease, unchanged sugar would be left to circulate in such large proportions in the systemic blood, that the latter fluid would infallibly exert an irritant influence on the kidney, and provoke a saccharine diuresis. Hydrogen and carbon must, therefore, be administered in the form of oil or fat rather than of starch or sugar; and it has been stated that it is not only necessary to adopt this kind of regimen; but that the stomachs of diabetic patients easily accept oleaginous food."